

CITY OF EASTLAKE

MUNICIPAL INCOME TAX DEPARTMENT TAX QUESTIONNAIRE

Company Name: _____ Phone: _____

DBA: _____ Fax #: _____

Address: _____

Mailing Address: _____
(if different from above)

Home Office: _____
(if applicable)

Federal ID Number: _____ Nature of Business: _____

Business Organization: Sole Proprietor _____ Partnership _____ Corporation: _____ Other: _____

For Corporation, list full name, address, social security numbers and phone numbers of each Officer: (use back of form if more space is needed)

For Sole Proprietor, list full name, address, social security number and phone number:

For Partnership Entities, list full names, addresses and social security numbers and phone numbers of each Partner: (use back of form if more space is needed)

- 1) _____
- 2) _____
- 3) _____

Accounting Period: Calendar Year _____ Fiscal Year _____ Month Ending: _____

Date Eastlake Business operations began: _____

Company's Accountant: _____

PAYROLL INFORMATION:

Company payroll contact: _____

Are you a Residence Tax withholder only? _____

Date payroll began in Eastlake _____

Approximate number of Eastlake Employees _____

Will City withholding tax exceed \$100. per month? _____

Do You presently use an outside payroll service? _____

Does your outside payroll service require start up information from Eastlake? _____

Do you lease employees from an employment agency? _____

If yes, Please provide name of Agency _____

Full name, address and phone number of the person(s) or entity to whom your Eastlake location pays rent:

*Above information is required~ Forward completed form to:
City of Eastlake Tax Department, 35150 Lakeshore Blvd, Eastlake OH 44095
Form may be faxed to: 440-975-4299
Questions can be answered by the Tax Department at 440-951-1416 X 160 or 161*